

Business Entity Endorsement Termination

LIC 411-8T (Rev 08/07)

Producer Licensing Bureau
P.O. Box 1139
Sacramento, CA 95812-1139
(916) 322-3555 or (800) 967-9331
www.insurance.ca.gov

*Pursuant to Sections 1627 and 1647 of the Insurance Code

License Number of Business Entity:

Please **PRINT** or **TYPE**

Business Entity Name:
Mailing Address:
City, State, Zip:


TO THE INSURANCE COMMISSIONER OF THE STATE OF CALIFORNIA: NOTICE IS HEREBY GIVEN THAT EFFECTIVE FROM THE DATE OF FILING OF THIS NOTICE, THE BUSINESS ENTITY HEREBY TERMINATES THE EMPLOYMENT OF THE PERSON(S) NAMED HEREIN.

NOTE: Enter only **ONE** termination type per line.

Two-letter termination types: **FX - Fire Casualty Broker-Agent **LX** - Life Agent **LA** - Life and Disability Analyst
(Except SL/SP) **LI** - Life Agent Limited to Pre-Need **CS** - Cargo Shipper's Agent **CI** - Credit Insurance
PL - Personal Lines **MC** - Motor Club ****SL/SP** - Surplus Lines-Special Lines Surplus Line Broker

	**Appt Type	Employee's Social Security Number	Employee Name (as shown on license)	*Effective Date of termination
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

SIGNATURE: ***(An officer, manager, member [corporation or LLC] or partner [partnership] must sign.)

	Date:
***Title:	Phone Number: () -

FILING FEE:

Submit \$24 per termination of appointment type.

Enter number of terminations:

X \$24 =

MAIL FORM AND FEE TO:

California Department of Insurance
P.O. Box 957
Sacramento, CA 95812-0957